PTO/SB/17 (05-07)

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Effective on 12/08/2	Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Nur	plication Number 09/107,486-Conf. #8134			
FEE TRANSMITTAL		Filing Date	J	June 30, 1998		
For FY 2007		First Named In	ventor Y	Yoshiko SHIIMORI		
70:11:2001		Examiner Name	K	. Y. Poon		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	····	2625		
TOTAL AMOUNT OF PAYMENT	(\$) 790.00	Attorney Docket	No. 0	905-0206P		
METHOD OF PAYMENT (check	all that apply)	******************				
Chirck Credit Card	Money Order No	one Other	(please identi	(y):	***************************************	
X Deposit Account Deposit Account Number 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee						
Charge any additional fee(s) or underpayments of Credit any overpayments						
FEE CALCULATION			******************	······		
1. BASIC FILING, SEARCH, AND E)	(AMINATION FEES	***************************************			***********	
FIL		ARCH FEES	EXAMIN	ATION FEES		
Application Type Fee (\$	Small Entity Fee (\$) Fee (Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	2 2003	aid (\$)
Utility 300	150 500		200	100		78788781
Design 200	190 100		130	65		
Plant 200	100 300		160	80	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Reissue 300	150 500		600	300		
Provisional 200	100 0		0.00	0		
2. EXCESS CLAIM FEES	5009	13.	13.	· ·	,	Daniel Cartie
Fee Description					Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissi	ies)				50	25
Each independent claim over 3 (including Reissues)					200	100
Multiple dependent claims					360	180
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	Mu	itipie Depende	nt Claims	
			Fee	(\$) E	ee Paid (\$)
HP ≈ highest number of total claims paid for,	if greater than 20.		·	······································		
Indep Claims Extra Claims	Fee (\$) Fee	Paid (\$)				
HP = highest number of independent claims	paid for if greater than 3.					
3. APPLICATION SIZE FEE						
If the specification and drawings ex	ceed 100 sheets of paper	(excluding electr	ronically file	d sequence or c	computer	
listings under 37 CFR 1.52(e)), t	he application size fee d	ue is \$250 (\$125)	for small en	iity) for each ad	ditional 50)
sheets or fraction thereof. See 3					s	e de sais
Total Sheets Extra Sheets		additional 50 or fra			1881	<u> </u>
4. OTHER FEE(S)	/50 ['] =	_ transc da to a will	ole Umupet) x		Page	Date (2)
	fee (no small entity dis-	count)			1.662	Paid (\$)
Non-English Specification, \$130 Other (e.g., late filing surcharge):		* *	tion (RCE)	(see 37		0.00
Non-English Specification, \$130		tinued examina	tion (RCE)	(see 37		
Non-English Specification, \$130 Other (e.g., late filing surcharge):	1801 Request for cor	tinued examina	tion (RCE) 40,439	(See 37		0.00